

AIR SHOW SUPPORT TEAM STAFF APPLICATION				
NAME (Last, First, MI)			<input type="checkbox"/> SENIOR MEMBER	<input type="checkbox"/> CADET
RANK	CAPID	HOME TELEPHONE	UNIT NAME	CHARTER NUMBER
POSITIONS – INDICATE THREE CHOICES (1=First Choice, 2=Second Choice, 3=Third Choice)				
SENIOR MEMBER POSITIONS				
	MEDICAL OFFICER		SAFETY OFFICER	
	MEDICAL STAFF		SAFETY STAFF	
	CHAPLAIN			
	DEPUTY COMMANDER FOR SUPPORT		DEPUTY COMMANDER FOR OPERATIONS	
	ADMINISTRATION OFFICER		TEAM LEADER	
	ADMINISTRATION STAFF		COMMUNICATIONS OFFICER	
	LOGISTICS OFFICER		COMMUNICATIONS STAFF	
	LOGISTICS STAFF		PUBLIC AFFAIRS OFFICER	
	HEAD CHAPERONE		INFORMATION BOOTH OFFICER	
			INFORMATION BOOTH STAFF	
CADET POSITIONS				
	CADET COMMANDER		DEPUTY COMMANDER FOR OPERATIONS	
	DEPUTY COMMANDER FOR SUPPORT		TEAM LEADER	
	COMMUNICATIONS STAFF			
	STAFF ASSISTANT			
QUALIFICATIONS (Check Yes or No and Fill in the Blanks)				
All applicants may attach additional supporting information and comments. Emphasize relevant experience in CAP and other organizations.				
RADIO OPERATOR AUTHORIZATION	<input type="checkbox"/> YES	<input type="checkbox"/> NO		
COMMUNICATOR'S BADGE	<input type="checkbox"/> YES	<input type="checkbox"/> NO	LEVEL:	
FLIGHT LINE QUALIFIED	<input type="checkbox"/> YES	<input type="checkbox"/> NO		
CURRENT FIRST AID CARD	<input type="checkbox"/> YES	<input type="checkbox"/> NO	EXPIRES:	
CURRENT MEDICAL CERTIFICATE (EMT, RN, ETC)	<input type="checkbox"/> YES	<input type="checkbox"/> NO	ATTACH COPY OF CERTIFICATION AND BRIEF RESUME	
APPLICANT'S SIGNATURE AND DATE				
UNIT COMMANDER'S ENDORSEMENT:				
1) I RECOMMEND THIS APPLICANT FOR THE POSITION(S) OF (If none, so state): _____				
2) THIS APPLICANT IS/IS NOT (CIRCLE ONE) PHYSICALLY SUITED FOR STRENUOUS OUTDOOR ACTIVITY.				
3) THIS APPLICANT IS/IS NOT (CIRCLE ONE) WELL SUITED FOR COMMAND OVER OTHERS.				
ADDITIONAL COMMENTS: _____				

UNIT COMMANDER SIGNATURE AND DATE				
FOR OFFICE USE. ASSIGNMENT				